

This report is produced by OCHA Syria in collaboration with humanitarian partners. It covers the period from 1 to 29 May 2019. Situation reports on Al Hol camp are published as required by developments on the ground.

## HIGHLIGHTS

 **73,782**

**TOTAL  
POPULATION**

 **91%**

**WOMEN AND  
CHILDREN**

 **182**

**CHILDREN  
REUNIFIED  
WITH FAMILY**

 **20.8M**

**FUNDING  
REQUIRED**

## SITUATION OVERVIEW

- As of 29 May, the population of Al Hol is 73,782 people or 21,331 households. A total of 64,756 individuals have arrived since 4 December, putting the camp infrastructure under significant strain. The vast majority of the camp population are women and children (91%), with around 65% under the age of 12. The Al Hol camp population consists of Iraqis (43%), Syrians (42%) and Third Country Nationals (15%).
- A total of 35 partners continue to implement and scale up their response in Al Hol. Three field hospitals have now been established in Phases 1, 4 and 7, and will be operational in the coming weeks. The expansion of services will greatly improve people's access to life-saving health care and reduce the number of referral cases to neighbouring hospitals, with only the most critical cases transferred. Over the past few months, 134 cases have been referred to hospitals in Tel Tamer and Ras Al Ayin due to space constraints in Al Hikmah and Al Hayat hospitals in Hassakeh city.
- Following notification from Camp Administration on 12 May that it would no longer be pursuing the establishment of a separate camp, demarcation and fencing works have resumed in phases 6 and 8. Both phases are now ready with the exception of road gravelling and fencing, both of which are expected to be finalised in the coming weeks. The capacity of the two phases is 2,808 families (approx. 10,000 to 13,000 people). To date, 165 camp residents have been transferred from communal areas in Phase 7 to family tents in Phase 8. Although relocation is ongoing, it is slower than expected as many families are reluctant to move during Ramadan or from other areas where they have settled. Tents pitched at random and not spaced according to Sphere standards, pose significant additional protection risks. In the past week, three tents have burnt down, resulting in one death. Camp coordination and management are exploring the establishment of a fire extinguishing system.
- As part of the relocation process and in order to reduce communal tensions among different groups, Camp Administration and humanitarian partners have agreed to create separate residential areas for Iraqi and Syrian families. Phases 1, 2, 3 and 7 will be allocated to Iraqi families (approx. 8,700) and Phases 4, 5, 6 and 8 dedicated to Syrian families (approx. 9,240). Third country nationals will continue to be hosted in the annex (approx. 3,340 families), which now comprises three sections.
- Discussions are ongoing regarding the possible transfer to Al Hol camp of an estimated 15,000 Iraqis displaced by violence to informal settlements in Deir-ez-Zor prior to the Hajin crisis. So far, Camp Administration has indicated that the relocation is only likely to take place if there is an acceleration in Syrian returns and Iraqi departures from Al Hol. To date, only 28 families (107 individuals) have left Al Hol camp to return to places of origin in Shafa, Sousa and Baghouz towns in rural Deir-ez-Zor, although Camp Administration have recently informed that following an agreement with tribal leaders the return of Syrian IDPs to places of origin in Tabqa and Ar-Raqqa will begin in the next week. Departures will take place in batches of 500 individuals per week, starting with IDPs in possession of documentation. Those lacking documentation will require sponsorship in order to depart Al Hol. While an agreed process of departure has now been confirmed for Syrian IDPs from North East Syria, the process for the approx. 10,000 Syrian IDPs in Al Hol camp from other areas has yet to be clarified due to difficulties in arranging sponsorship.

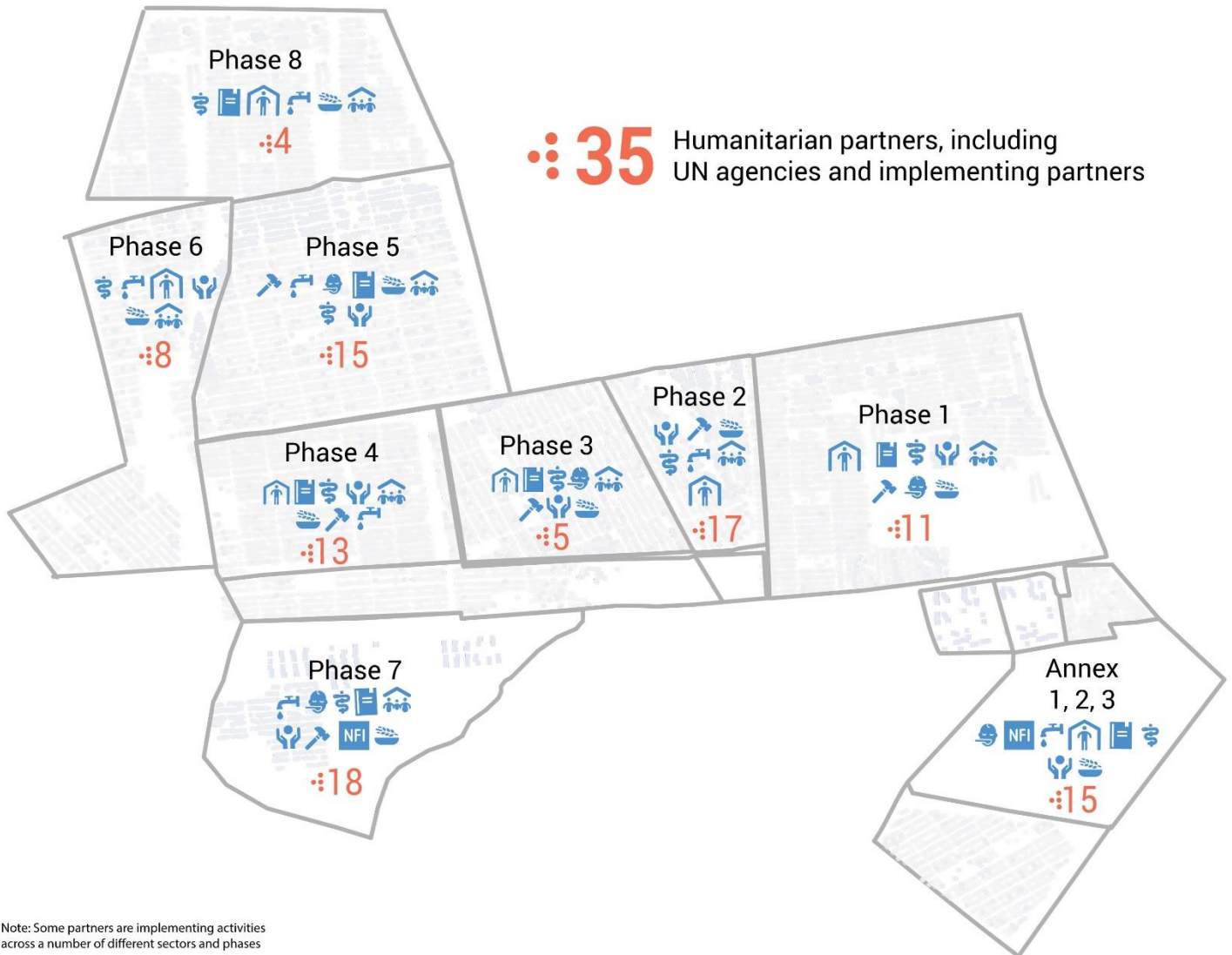
- Some 2,000 Iraqi refugee households have registered for repatriation. Although Camp Administration has signaled an intent to start returning Iraqis (in batches of 150 families) the process and timing remains unclear. Humanitarian partners have informed that they are not in a position to directly facilitate such movements at this time, until the situation in Iraq is considered safe for returnees.
- The situation in the camp remains tense with several incidents in recent weeks. Between 3 and 5 May, demonstrations led by a group of women was staged in Phase 5 and in the Annex, demanding better services and information about the whereabouts of their husbands. No casualties were reported, although some protestors were reportedly detained by camp security. A series of demonstrations have also taken place in towns and villages in Deir-ez-Zor province, in which the release of residents from Al Hol camp was amongst demands. The main drivers of insecurity continue to be: absence of information on the whereabouts/welfare of detained male relatives, including children; restrictions on freedom of movement, including uncertainty over future/departure options; grievances due to living conditions, particularly in the annexes hosting foreign families (non-Iraqi), where access restrictions persist. Currently, dialogue is ongoing between service providers and Camp Administration on improving access to the annexes and ensuring that the population hosted there receives support and pathways towards possible solutions. Similar efforts are underway to improve communication with camp residents regarding the availability of services.
- Protection concerns remain a significant challenge with 480 unaccompanied/separated children identified of whom 88 are in interim care units waiting for family tracing and reunification. There are also numerous pregnant girls and women (many under the age of 18), as well as unaccompanied elderly people and persons with disabilities.
- The most common protection concerns expressed are: lack or confiscation of civil documentation, detention, family reunification, limited freedom of movement and options as well as timeframe of voluntary return.

## FUNDING

- Following the launch of two Syria Humanitarian Fund (SHF) reserve allocations to meet the growing needs in North East Syria, the SHF has disbursed almost US \$9.8 million to support the response in Al Hol. To date, the funding gap for camps in North East Syria stands at **US \$24.5 million, of which 20.8 million is required to continue providing assistance and services in Al Hol camp until the end of 2019.** Of the US \$16 million so far received, some 61 per cent reflects resources provided from the SHF.

Sector	SHF Funding (US\$)	Agency	Requirements (US \$)	Received (US \$)	Gap (US \$)
Health	3,377,851	WHO	5,000,000	1,555,527	3,444,473
Protection	2,376,797	WFP	7,523,000	4,421,000	3,102,000
WASH	2,238,797	UNFPA	3,580,000	1,907,073	1,672,927
Shelter / NFI	1,462,014	UNICEF	13,000,000	4,903,015	8,096,985
Nutrition	344,498	UNHCR	11,460,800	3,243,840	8,216,960
<b>Total</b>	<b>9,799,831</b>	<b>Total</b>	<b>40,563,800</b>	<b>16,030,455</b>	<b>24,533,345</b>

## OPERATIONAL PRESENCE



Note: Some partners are implementing activities across a number of different sectors and phases

The boundaries, names shown and the designations used on this sketch map do not imply official endorsement or acceptance by the United Nations

 Protection

## Needs

- An improvement in humanitarian standards has not directly correlated with an improvement in protection outcomes, which remain critical across a number of different parameters.
- There has been no breakthrough in the primary concern expressed by the population; to receive information on the well-being and whereabouts of family members arrested *en route* to Al Hol and detained ever since with no contact with family members. Such disrespect for International Humanitarian Law (IHL) and International Human Rights Law (IHRL) basic standards on detention not only represents a violation of the right of detained individuals, but also contributes to a situation of anxiety and restlessness among camp residents who are concerned for the safety of loved ones.
- The situation of protracted deprivation of liberty contributes to a general lack of dignity, breeds dissatisfaction, and prompts the use of negative coping mechanisms as well as dependency on aid. The camp continues to be highly securitized. Consultations with women in confidential environments, particularly in the new phases, have highlighted the discomfort of many of living in Al Hol. While most of the information received remains anecdotal, women have expressed concerns over a continuous pattern of search operations by security patrols – including female staff – sometimes entering tents at night under the pretext of searching for weapons or for foreign women suspected of being affiliated with ISIL. The need for better lighting, including the provision of solar lamps, improved sanitation facilities and adequate provision of water remain amongst main needs expressed by women and girls in the camp to improve their well-being and sense of dignity and security.
- Specific needs of children remain unmet despite a bolstered response. Emotional and well-being initiatives, safe spaces, more structured psychosocial support interventions and case management for the most complex cases, continue to be in high demand. By the end of May, at least 480 unaccompanied/separated children (UASC) had been identified, of whom 88 are still in three interim care centers run by two child protection (CP) partners, awaiting family tracing and reunification. Interim care arrangements – including fostering care in properly identified and trained families, both temporary and prolonged – remain urgent. At the same time, CP actors have highlighted the critical need for proper coordination between specialized partners and other non-protection actors who may try to embark in the complex process of family reunification. A large number of unaccompanied and separated children, including child-headed households, remain without access to specialized services. Distribution data suggests that there may be as many as 3,000 unaccompanied and separated children in Al Hol, some of them also taking care of siblings.
- The issue of undocumented individuals, both Syrians and foreign, continues to represent a major protection concern, including for any future process of return. While some specialized partners have started providing awareness sessions on the importance of registration of life events and on procedures according to national Syria law (for Syrian nationals), more outreach is needed. Restricted movement has limited the ability of camp residents to reach civil registrars in Hassakeh to conclude necessary administrative procedures and enjoy legal safety through obtaining personal documentation. This is particularly critical if a more sustained process of IDP return starts. At the same time, restrictions on partners to provide legal assistance services outside the camp, and thus facilitate such procedures, means they are limited to awareness and advocacy-raising activities only.
- The elderly and persons living with disabilities remain at the margins of the response. While it is reported that an expert health partner will increase rehabilitation-related services, including the provision of assistive devices; proactive outreach, social care and inclusion remains only partially addressed, with a limited number of dedicated home-based care interventions.
- In the current environment, proper communication with communities remains essential in order to build confidence and diffuse tension. Most of the communication necessarily remains focused on available services, while the most burning questions on detention, return plans and regained freedom of movement can only be answered by parties in control and not by humanitarian actors.
- During the reporting period, there have been some positive signals that a process of IDP return to Deir-Ez-Zor may soon gain momentum, with the return of more than a hundred individuals to their areas of origin. Should this trend grow, additional mine risk education activities will be required given the high-level of contamination in areas affected by hostilities, such as Deir-ez-Zor.

88

Unaccompanied/separated children still residing in interim care centers

182

Reunified with family

## Response

- Across the camp, coordination continues between Qamishly-based protection partners and the INGOs operating in NE Syria, with regular meetings in the camp to discuss needs, gaps, interventions and common practices.
- Eleven Child Friendly Spaces (CFS), some with dedicated case managers, are operational across various phases, with one INGO partner able to operate in the Annex and provide sustained assistance. Partners continue delivering a variety of psychosocial support – from awareness on safe practices to recreational activities – to address children’s well-being. Three more CFS are planned. The work of the CFS is complemented by at least six mobile units and three interim care centers specifically dedicated to follow-up on unaccompanied and separated children cases, with an additional center planned response. The deployment of surge staff to some of the interim care centers is planned by one of the CP partners managing the facility. At least 182 unaccompanied and separated children have been reunified to date, representing a fraction of the existing cases as preliminarily indicated through the distribution lists.
- The GBV response is currently provided through one Women and Girls Safe Space (WGSS) in Phase 3 and by four GBV mobile teams operating in Phases 4 and 5, providing awareness raising and referrals to available services. Generally, there has been an improvement in the acceptance of offered services. As a result of SHF funding, a leading GBV partner has recently established a new emergency WGSS in Phase 4. The center is located in a big size tent and is starting to provide awareness sessions, psychosocial support, case management, and referral. The same structure will also provide vocational training, adapted to community demands, with a range of activities including sewing, wool spinning, recycling and literacy classes. The need for a possible further 5 WGSS has been highlighted, including in the Annex, with only one planned to date.
- A community center run by one UN-supported national partner is operational in Phase 1. The center offers integrated protection services, but more capacity is needed for specialized interventions, particularly GBV and CP case management. Another community center providing integrated protection services will be operational in Phase 4 shortly. As part of the offered services, the Center will have satellite units in phases 3, 5, and 6, offering support to old persons, including home-based rehabilitation (HBRP). A HBRP mobile team is planned to provide support to the elderly in Phase 7.
- Sensitization on civil status documentation and national procedures for Syrian IDPs is conducted by two partners, also through the support of printed awareness material used elsewhere in Syria.
- A mapping has been completed and given to the information desks to provide residents a more comprehensive overview of available services in the camp. During the reporting period, a training of trainers on the “*Ethical Principles for Volunteers*” prepared by the Protection Sector was conducted in the camp to support and improve the way humanitarian actors interact with persons of concern.
- Sensitization on PSEA continues. During the reporting period, two PSEA awareness sessions were conducted for 49 local partner volunteers in the camp.

## Gaps & Constraints

- The need to strengthen protection presence and services is still noticeable. The most pressing needs are for professionals to carry out specialized interventions, such as PSS, CP and GBV case management, including on complex cases of family reunification, as well as identification and addressing of disabilities. The sector welcomes the increased presence of a specialized NGO who is to strengthen interventions for persons with disabilities, but improved coordination is still required between health and protection partners on addressing disabilities beyond physical rehabilitation.
- Foreseeing a prolonged and complex displacement situation, there is a need for staff with expertise, able to coach and mentor volunteers and set up intervention systems. This gap may be filled with an external surge and an increased overall humanitarian presence in Qamishly. Parties in control across Syria should refrain from hindering the presence and mobility of humanitarian actors, who should be allowed to offer services to improve the response in Al Hol. Allowing for an effective and timely surge will also avoid diverting human resources from other equally important activities in North East Syria, as well as elsewhere.
- Concerns remain about absent information on the whereabouts of males – including adolescent children – detained *en route*, which continues to represent a breach in IHL obligations and generate tension and frustration among camp residents.
- While reports of initial IDP returns to areas of origin in Deir-ez-Zor is a positive development, concerns remain for those unable to leave, whose situation is likely to be protracted. A strategy and plan clearly communicated to the population



by the authorities in control will be critical, both in terms of fulfilling basic obligations, as well as improving the camp environment to relieve the humanitarian burden.

- Information received on a proposal by Camp Administration to bring Iraqi refugees currently in informal settlements in North East Syria to Al Hol needs to be carefully monitored. Not only may it result in an increased demand for humanitarian services in Al Hol – in the event that it is not offset by departures from the camp – but it will also represent another restrictive measure to the freedom of movement of the civilian population, depriving them from resilience opportunities and increasing dependency on aid.

## Health

### Needs

- Health needs remain substantial, particularly in the annex where there continues to be a lack of static healthcare facilities.
- Over the past few weeks, a number of suspected measles cases have been identified. To date, one case is confirmed. A measles vaccination campaign has commenced in Phase 5 and discussions are ongoing to start a mass vaccination campaign in all phases.
- A public health assessment has been completed across all phases of the camp to identify inter-sectoral needs impacting on health; data is currently being analyzed and will be shared with sectors shortly. A survey is also being carried out in the annex on people with injuries and those living with disabilities.

# 12,000

Children vaccinated  
against measles and  
MMR

### Response

- Three field hospitals with a total of 100 beds have been established in Phases 1, 4 and 7. Operations will commence shortly and be scaled up over time as further resources are secured.
- In the first two weeks of May, 233 cases were referred, including 41 malnutrition cases. Twenty complicated malnutrition cases are also being treated in Phase 1.
- A static medical point has been established in Phase 6 and will be ready to treat people as soon as they have been relocated.
- Vaccination campaigns are ongoing across the camp, with 12,000 children already vaccinated against measles as well as Measles, Mumps and Rubella (MMR).
- Additional human resources have been brought in across a range of services with 20 health community workers now carrying out surveillance and health messaging throughout the camp, two health community workers facilitating access to health services in each phase and pediatricians added to mobile teams.
- A static health point and a WGSS providing comprehensive reproductive health services has been added to Phases 4 and 5 respectively, while approval has been received and work is underway to set up a static health point in the annex.
- A mobile clinic with an ambulance is operating in Phases 4 and 5 two days a week. The team consists of a general practitioner, a nurse, a midwife, a community health worker, a psychosocial support worker and administration and data entry support.
- An internal operational desk to link the newly-established field hospitals with existing health facilities will be ready by the beginning of June. A hotline will be set up to allow health facilities to contact the operational desk and receive updates on the status of patients.

### Gaps & Constraints

- Access to the annex remains a challenge and the number of health workers needs to be significantly increased to meet the needs of those injured and living with disabilities who are currently unable to access treatment.
- As temperatures rise, concerns about the quantity and quality of water available in the camp as well as sanitation issues, including garbage collection and fumigation services, have been raised with the WASH sector.
- A solution is being sought to address risks caused by a nearby swamp, considered a fertile environment for many types of bacteria and vector borne diseases.

- Awareness raising on the management of burns is urgently required. Currently, there is no specialized burns unit in North East Syria.

## Food Security

### Needs

- Food needs are met with multiple complementary modalities, including cooked meals, ready to eat rations, monthly food rations and bread. Although fresh food and vegetables are available in the market, low purchasing power is a key barrier for a significant number of camp residents to diversify their diet.

# 206

Current gap of communal kitchens

### Response

- All camp residents are reached through three lines of assistance: 1) provision of cooked meals to new arrivals at reception centers; 2) provision of Ready-to-Eat rations (RTE) lasting up to five days following registration (in the event of new arrivals); 3) provision of monthly food rations with a 30-day feeding period. Additionally, bread is provided daily.
- A second food distribution point covering Phases 4, 5 and 7 will be opened in Phase 5 in June, to branch out and speed up the distribution process. A plan for a third distribution site in the annex is currently being discussed.
- In April, 73,478 individuals received monthly food rations. Additionally, 681,088 kg of bread was provided to 73,478 individuals per day. The May monthly food distribution cycle started in the third week of May. Rations have been increased to offset the impact caused by the recent suspension of cash-based assistance that resulted in many camp residents unable to purchase fresh food in the market.
- Plans to introduce a screening process to identify all lactating women for inclusion in supplementary feeding programmes are underway.
- Overall, the number of households reached with monthly food rations rose from 3,000 in December 2018 to 21,327 in April.

### Gaps & Constraints

- As per the latest stock update, RTE stocks stand at 20,700 with a further 13,800 in the pipeline. Each RTE is expected to last a family of five people for a period of one week. The monthly food ration pipeline has a capacity to support 21,327 households or 73,478 individuals per month until July.
- Communal kitchens and cooking facilities remain a key gap in terms of stoves and areas to store and prepare food. The current gap of communal kitchens stands at 206.
- The current gap for gas stoves for communal kitchens is around 5,000. Partners have been asked to come forward if they have the capacity to partially or fully meet needs.
- Access to markets is still constrained for Annex residents, due to approval procedures.

## Shelter/Non-food items

### Needs

- With works resuming on Phases 6 and 8, the total capacity in Al Hol camp will stand at 15,560 tents' plot, decreasing the gap to some 3,000 plots.
- Shelter agencies have started to pitch family tents in Phases 6 & 8 with a total of 302 tents being erected as of 23 May. Relocation is occurring slowly, as people have either temporarily settled in other phases (where they are hosted by other families or have established tents outside the site design) and do not want to move during Ramadan - or because services are not yet at the same standard in the two destination phases.
- Space availability for shelter, combined with families' reluctance to move from randomly pitched tents is affecting shelter quality standards in terms of space needed between tents, increasing the risk of fire as well as other hazards.

# 13,246

Family tents have been installed to date

## Response

- Since December 2018, 209 big size tents, 9 rub halls and more than 13,426 family tents have been installed. Most of the big size tents have been decommissioned, with families moved to family tents.
- More than 18,500 NFI kits and winter clothing kits have been distributed. Some 5,000 solar lamps are planned for distribution.
- Site preparation in phases 6 and 8 is underway while preparation for a new distribution point in phase 5 is completed.
- Future arrivals will continue to receive basic non-food items; including mattresses, blankets, sleeping mats, plastic sheets, kitchen set, jerry cans and solar lamps.

## Gaps & Constraints

- The temporary suspension of Phases 6 and 8 has affected the shelter situation and standards in the camp.
- Construction work in communal kitchens has stopped until a community structure is in place to manage these facilities.



## Nutrition

### Needs

- There is a need to enhance referral mechanisms for SCs for SAM cases with complications, especially for third country national children under five.
- There is an urgent need to activate the IYCF standards and activities in emergencies including providing mother-baby friendly spaces for breastfeeding activities.
- A rapid MUAC screening finalized on 8 May for all children aged 6-59 months in the camp, identified an overall GAM rate of 3.30%, well within emergency sphere standards. The highest rate of GAM was detected among third country national children (4.08%) followed by Syrian children (3.66%) and Iraqi children (2.61%) reinforcing the need for sustained access to the annex.

# 20,649

Children under the age of five to be targeted

## Response

- Some 20,649 children under the age of five, and 5,651 pregnant and lactating women (PLW) are to be targeted. Detection and identification of these groups is key, alongside prevention feeding programs and treating child malnutrition.
- During week 20, 883 children were screened for malnutrition, 42 MAM cases and 27 SAM case without complications have been treated and followed up in the camp. Twenty-three SAM cases with complications have been admitted to the SC in Hassakeh.
- Training of community volunteers on the use of MUAC tape for early identification of malnutrition is ongoing with 86 volunteers already trained. Volunteers/community mobilisers have screened and referred children with malnutrition to the Outpatient Therapeutic Program (OTP) or to the SC.
- A nutrition-feeding center has opened in Phase 1, with a capacity of 20 beds. Another SC is planned in a field hospital in Phase 4. OTPs to cover the entire camp are being established with five in place already and one underway.
- Four mobile teams, consisting of nutrition nurses, are operational - with eight more in the pipeline.
- Breastfeeding counselling for lactating mothers is to start while awareness campaigns on breastfeeding and complementary feeding are already running. The number of baby-friendly spaces in the camp is to increase to two per phase, to encourage mothers to breastfeed children younger than 6 months.

## Gaps & Constraints

- There are an insufficient number of Mother Baby Areas (MBA) and breastfeeding counsellors. Currently, there are only three MBAs in the whole camp – when there should be a minimum of one MBA in each phase and annex – while as of 23 May, there are only two counsellors for every 5,000 PLW.
- Improved data sharing, including names and medical records, are needed to avoid duplication of efforts across nutrition centers.



- New Therapeutic Feeding Centers are required in Phases 6 and 8.

## Water, Sanitation and Hygiene

### Needs

- Approximately, 561 latrine doors and 1,350 showers are needed in phases 5, 6, 7, 8 and the annex to reach the standard ratio of 1:20, which was in place prior to the influx of IDPs from Hajin and Baghouz in December 2018.
- While functional status of existing sanitation facilities has improved, there is still an urgent need to rehabilitate 16 per cent of existing facilities in the camp.
- A total of 18,410 family hygiene kits are needed to cover the entire camp population on a monthly basis with 800 water storage tanks and 260 solid waste containers.
- Fumigation and spraying with pesticides are needed to prevent IDPs from vector borne diseases.

**1,516,000**  
Liters of water delivered  
per day in Al Hol camp

### Response

- Altogether, 3,154 toilets, including 133 recently added, ensure a minimum standard ratio of 1:50, together with 80 bathing spaces.
- A total of 1,516,000 liters (1,516 m<sup>3</sup>/day) of clean drinking water is being provided every day through emergency water trucking and existing water treatment plants for drinking as well as 600,000 liters (600m<sup>3</sup>/day) for domestic consumption. This translates into 30 liters of water per person per day.
- The water quality is regularly tested on critical parameters and a water safety plan has been developed to further ensure quality and compliance mechanism through addressing potential risk of contamination during the summer.
- Solid waste collection, the cleaning of WASH facilities, vector control activities and area cleaning campaigns as well as disinfection, continues to maintain a hygienic environment and minimize the risk of outbreaks.
- Hygiene kits are distributed on a monthly basis as well as to new arrivals.

### Gaps & Constraints

- The need to constantly repair and rehabilitate WASH facilities, as well as desludging septic tanks, are current constraints.
- Securing sufficient water quantities to address higher water requirements in the summer months will pose a challenge.
- Weak shelter planning has resulted in sanitation facilities being overburdened in certain areas, leading to higher maintenance requirements and some damages to water storage tanks.

## Education

### Needs

- According to population data, there are 23,328 children aged 3 to 19 years old in the camp. Of these, 11,000 aged 6 to 18 are estimated to have not been exposed to learning for at least five years.
- Given the multiple nationalities in the camp, school-aged children need to be provided with mixed educational services partly due to language barriers.

**23,000**  
School-aged children in  
Al Hol camp

**18%**  
Receiving education  
services

### Response

- Three actors are currently providing educational services in Al-Hol, reaching around 5,500 children, of which 480 are aged 3 to 5; activities are taking place in Phases 1, 3 and 4. Existing partners, in addition to two more, are planning to reach a further 8,945 children, benefitting 13,134 in total. This will bring the provision of services to 56 per cent of the target population.

- Construction and operational works have started in Phases 4, 5, 6, 7, 8 and the Annex. Educational services are expected to be gradually functional and fully operational by mid-June.
- Children are or will be provided with non-formal education, the Iraqi Curricula – including self-learning, basic numeracy and literacy classes – as well as early childhood education for children between the ages of 3 and 5, and Safe Healing Learning Spaces.

### Gaps & Constraints

- Despite concerted efforts, the education sector will still have a gap of 46% of targeted children and youth. Currently, there are no interventions in Phases 2 and 4.
- Finding space for classroom tents for temporary learning and education in emergencies is challenging.

### Early Recovery and Livelihoods

#### Needs

- Currently, there are very limited labour and livelihoods opportunities in the camp. A significant increase in cash-for-work activities is required, along with the establishment of productive workshops and engagement of the population in economic activities.
- The rehabilitation of camp markets and support to home-based female artisans and producers, as well as people with disabilities, is critical.

**1,804**  
People with disabilities  
and in need of assistance

#### Response

- The response strategy is focused on providing short-term employment opportunities to ensure that affected households are directly involved in their own recovery while helping in normal economic activities.
- Under a cash for work modality, solid waste management activities are ongoing covering Phases 4, 5 and 7, creating 44 job opportunities with an estimated 3,120 tons of waste being removed, in parallel to fumigation and spraying to combat sand flies.
- Plans are underway to rehabilitate Al Hol camp market (key economic infrastructure).
- A kinetic aids maintenance workshop for 1,804 people with severe disabilities is ongoing for four months. The project has three components: distribution of dignity health kits for persons with a severe disability targeting 75 beneficiaries, maintenance of kinetic aids for 1,804 beneficiaries, distribution of kinetic aids to people with disabilities who are either in need of a mobility device or their current devices are irreparable, targeting 170 beneficiaries.
- Vocational training sessions through community centers are ongoing, targeting 135 beneficiaries.
- Repairing tents workshop under a cash for work modality targeting 60 beneficiaries.

#### Gaps:

- There are several gaps in livelihood services in newly created areas in the camp, as well as comprehensive services for elderly people and those living with disabilities.
- Vocational training programmes which enable self-sufficiency and support IDPs in becoming productive members of society where they currently reside and where they may return to in the future.

**Background on the crisis:** The military escalation in Hajin and Baghouz in Deir-ez-Zor governorate that started in September 2018 triggered a massive internal displacement of a population that has been exposed to intense hostilities and lived in a situation of extreme deprivation amid growing protection concerns. The number of people leaving Baghouz exceeded all expectations. More than 64,000 people were transported to Al Hol camp in Al-Hassakeh governorate between December 2018 and April 2019, the majority being women and children in dire condition. The influx of displaced people has stabilized but challenges remain for humanitarian actors to respond to the vast scope and scale of needs of nearly 74,000 people from dozens of countries. Overall, the humanitarian situation in the four governorates in the northeast, Al-Hasakeh, Deir-ez-Zour, Ar-Raqqa and parts of Aleppo, remains fluid and complex, with an estimated 1.6 million people in need. Humanitarian partners are currently reaching approximately 600,000 people with assistance every month.

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